

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Excellus Health-Univera 1-800-659-1986					Fidelis Care 1-888-343-3547				
Medical Service	Original Medicare	Senior Choice Value	SeniorChoice Value Plus	SeniorChoice Basic	SeniorChoice Secure		Fidelis Medicare Flex		Fidelis Medicare Advantage NO RX		Fidelis Medicare \$0 Premium
PREMIUMS	\$134	\$62	\$101	\$0	\$179	\$135	\$38		\$0		\$0
		HMO	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$183	\$0	\$0	\$0	\$0/30%	\$0	\$0 Deductible; \$400 Flex Benefit		\$0		\$0
							IN	OUT	IN	OUT	
PCP Visits	20%**	\$15	\$15/30%	\$20	\$5/30%	15/30%	\$5	Not Covered	\$10	Not Covered	\$15
Annual Wellness Exam	\$0	\$0	\$0/30%	\$0	\$0/30%	0/30%	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$50	\$45/30%	\$50	\$40/30%	40/30%	\$30	50%	\$40	50%	\$45
Outpatient Mental Health	20%	20%	20%/30%	20%	20%/30%	20%/30%	\$30	50%	\$40	50%	\$45
Outpatient Substance Abuse	20%**	20%	20%/30%	20%	20%/30%	20%/30%	\$25	50%	\$40	50%	\$45
Outpatient Surgery	20%**	\$400	\$400/30%	\$400	\$250/30%	\$250/30%	\$360	Not Covered	\$360	Not Covered	\$360
Emergency Care	20%**	\$80	\$80/30%	\$80	\$80/30%	\$80/30%	\$80	\$80	\$80	\$80	\$80
Urgent Care	20%**	\$60	\$50/30%	\$65	\$50/30%	\$50/30%	\$30	\$30	\$40	\$40	\$45
Ambulance Services	20%**	\$200	\$200/30%	\$225	\$150/30%	\$150/30%	\$250 per trip	\$250 per trip	\$250 per trip	\$250 per trip	\$250 per trip
Durable Medical Equipment	20%** (must use supplier enrolled w/Medicare)	20%	20%/30%	20%	20%/30%	20%/30%	20%	Not Covered	20%	Not Covered	20%
Prosthetic Devices	20%**	20%	20%/30%	20%	20%/30%	20%/30%	20%	Not Covered	20%	Not Covered	20%
X-Rays	20%**	\$50	\$50/30%	\$55	\$40/30%	\$40/30%	\$10	Not Covered	\$10	Not Covered	\$10
Diagnostic Radiology	20%	20%	\$175/30%	20%	\$150/30%	\$150/30%	20%	50%	20%	50%	20%
Lab Services	\$0	\$8	\$8/30%	\$10	\$10/30%	\$10/30%	\$20	Not Covered	\$20	50%	\$20
Dialysis	20%	20%	20%/30%	20%	20%/30%	20%/30%	30%	50%	\$40	50%	\$45
Radiation Therapy	20%	20%	20%/30%	20%	20%/30%	20%/30%	20%	50%	20%	50%	20%
Chiropractic Care	limited coverage 20%**	\$15	\$15/30%	\$20	\$15/30%	\$15/30%	\$20	50%	\$20	50%	\$20
Medically Necessary Foot Care	limited coverage 20%**	\$50	\$45/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$45
Routine Foot Care	NOT COVERED	\$50	\$45/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$45
P.T., O.T. and Speech Therapy	20%**	\$40	\$40/30%	\$40	\$40/30%	\$0/30%	\$30	50%	\$40	50%	\$40

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Original Medicare		Excellus Health-Univera 1-800-659-1986					Fidelis Care 1-888-343-3547				
Medical Service	Original Medicare	Senior Choice Value	SeniorChoice Value Plus	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO-RX	Fidelis Medicare Flex		Fidelis Medicare Advantage NO RX		Fidelis Medicare \$0 Premium
PREMIUMS	\$134	\$62	\$101	\$0	\$179	\$135	\$38		\$0		\$0
		HMO	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0	\$0 Deductible; \$400 Flex Benefit		\$0		\$0
							IN	OUT	IN	OUT	
Inpatient Hospital	1340 deductible	\$360/day for days 1-5	\$310/day for days 1-5/30%	\$360/day for days 1-5	\$260/day for days 1-5/30%	\$260/day for days 1-5/30%	\$360/day for days1-5	Not Covered	\$360/day for days1-5	Not Covered	\$360/day for days 1-5
Inpatient Mental Health*	\$1,340 deductible	\$315/day for days 1-5	\$310/day for days 1-5/30%	\$315/day for days 1-5	\$260/day for days 1-5/30%	\$260/day for days 1-5/30%	\$320/day for days 1-5	Not Covered	\$320/day for days 1-5	Not Covered	\$320/day for days 1-5
Skilled Nursing Facility	\$0/day for days 1-20 \$167.50/day days 21-100	\$0/day days 1-20 \$167.50/day days 21-100	\$0/day days 1-20 \$167.50/day days 21-100/30%	\$0/day days 1-20 \$167.50/day days 21-100	\$0/day days 1-20 \$167.50/day days 21-100/30%	\$0/day days 1-20 \$167.50/day days 21-100/30%	\$0/day days 1-20 \$165/day days 21-100	Not Covered	\$0/day days 1-20 \$165/day days 21-100	Not Covered	\$0/day days 1-20 \$165/day days 21-100
Home Health Care	\$0	\$0	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0/30%	\$0	\$0/30%	\$0/30%	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$50	\$45/30%	\$50	\$40/30%	\$40/30%	\$30	50%	\$40	50%	\$40

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Excellus Health-Univera 1-800-659-1986					Fidelis Care 1-888-343-3547				
Medical Service	Original Medicare	Senior Choice Value	SeniorChoice Value Plus	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO-RX	Fidelis Medicare Flex		Fidelis Medicare Advantage NO RX		Fidelis Medicare \$0 Premium
PREMIUMS	\$134	\$62	\$101	\$0	\$179	\$135	\$38		\$0		\$0
		HMO	HMO-POS	HMO	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$183	\$0	\$0	\$0	0	0	\$0 Deductible; \$400 Flex Benefit		\$0		\$0
							IN	OUT	IN	OUT	
Prescription Drugs	20% Part B covered only NO PART D	Copays \$0/\$10/\$47/\$100/33%, No deductible, 20%- Part B Drugs	Copays \$0/\$10/\$47/\$100/33%, No deductible, 20%-Part B Drugs/30%	Copays \$0/\$14/\$47/\$100/25%, \$360 deductible for Tiers 3-5; 20%-Part B Drugs	Copays \$0/\$14/\$47/\$100/25%, No deductible, 20% Part B Drugs/30%	20% Part B covered only; No Part D/30%	Copays \$0/\$15/\$35/\$100/28%, \$125 deductible for Tiers 2-5, 20%-Part B Drugs	Copays \$0/\$15/\$35/\$100/28%, \$125 deductible for Tiers 2-5, 20%-Part B Drugs	20% Part B covered only; No Part D	20% Part B covered only; No Part D	Copays \$0/\$20/\$47/\$100/33%, No deductible, 20%-Part B Drugs
Vision services	20%+ for glasses, frames, or contact lens post cataract surgery, 20%+ for retinopathy exam 1 per yr. for diabetics	\$50 Routine Exam, no eyewear allowance	\$45 Routine Exam, \$75 Eyewear Allowance/30%	\$50 Routine Exam, no eyewear allowance	\$40 Routine Exam, \$120 Eyewear Allowance/ 30%	\$40 Routine/Diagnostic Exams, \$120 Eyewear Allowance/30%	\$0 Routine Eye Exam, Flex Benefit Routine Eyewear	Routine Eye Exam- NOT COVERED, Flex Benefit Routine Eyewear	\$0 Routine Eye Exam,	Not Covered	\$0 Routine Eye Exam, \$50 Eyewear Allowance
Hearing Services	20%	\$45 Routine Exam , Member pays \$699 and \$999 for hearing aid	\$45 Routine Exam, Member Pays \$699 and \$999 for hearing aid/not covered	\$45 Routine Exam, Member Pays \$699 and \$999 for hearing aid	\$40 Routine Exam, Member Pays \$699 and \$999 for hearing aid/not covered	\$40 Routine Exam, Member Pays \$699 and \$999 for hearing aid/not covered	\$0-Exam, No Hearing Aid Coverage	50%-Exam, No Hearing Aid Coverage	\$0-Exam No Hearing Aid Coverage	50%-Exam No Hearing Aid Coverage	\$0-Exam; No Hearing Aid Coverage
Diabetic training and supplies	20%	\$5	\$5/30%	\$5	\$5/30%	\$5/30%	\$0	Training \$0 Supplies: Not Covered	\$0	Training \$0 Supplies: Not Covered	\$0
Dental Coverage	limited coverage	May Allow 2 routine exams, cleanings, x-rays/yr	May Allow 2 routine exams, cleanings, x-rays/yr/30%	No Coverage	\$0 Copay for 2 routine exams, cleanings, x-rays/yr/30%	\$0 copay for 2 routine exams, cleanings, x-rays/yr/30%	\$0 Exam;Fluoride & Cleaning 1x/yr. X-ray: once every 2 years	Not Covered	Not Covered		\$0 Exam, Fluoride treatment & Cleaning 1x/yr. X-ray: once every 2 years
Max out of pocket		\$6,700	\$6,000	\$6,700	\$5,500	\$5,500	\$6,700		\$6,700		\$6,700
With Full LIS		\$23	\$62	\$0	\$140	NO RX	\$0		NO RX		\$0
With Full LIS & EPIC		\$0	\$23	\$0	\$101	NO RX	\$0		NO RX		\$0

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	WellCare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
PREMIUMS	\$134	\$197		\$25		\$0	\$0	\$0	\$0	\$117	\$46	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
PCP Visits	20%**	\$15	30%	\$15	30%	\$10	\$0	\$10	\$10	\$0	\$10	\$15
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$40	30%	\$50	30%	\$35	\$40	\$50	\$45	\$25	\$30	\$41
Outpatient Mental Health	20%	\$40	30%	\$40	30%	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20% **	\$40	30%	\$30	30%	\$40	\$40	\$40	50%	50%	50%	50%
Outpatient Surgery	20% **	\$150 Ambulatory \$300 Hospital	30%	\$300 Ambulatory \$600 Hospital	30%	\$50 Ambulatory 20% Hospital	\$100 Ambulatory 20% Hospital	\$100 Ambulatory 20% Hospital	\$225-\$300	\$225-\$300	\$300-\$375	\$450 Ambulatory \$500 Hospital
Emergency Care	20% **	\$80	30%	\$80	30%	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Urgent Care	20% **	\$50	30%	\$65	30%	\$25	\$25	\$25	\$65	\$65	\$65	\$65
Ambulance Services	20% **	\$150	30%	\$250	30%	\$100	\$250	\$200	\$150	\$125	\$200	\$300
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	30%	20%	30%	20%	20%	20%	\$0-20%	\$0-20%	\$0-20%	20%
Prosthetic Devices	20% **	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%	20%
X Rays	20% **	\$40	30%	\$60	30%	\$0	\$0	\$0	\$45	\$40	\$50	\$50
Diagnostic Radiology	20%	\$150	30%	\$150	30%	\$75	\$75	\$150	\$75	\$75	\$175	\$175
Lab Services	\$0	\$10	30%	\$15	30%	\$0	\$0	\$0	\$0	\$5	\$10	\$10
Dialysis	20%	20%	30%	20%	20%	20%	20%	20%	\$20	\$20	\$30	20%
Radiation Therapy	20%	20%	30%	20%	30%	\$35/20%	\$40/20%	\$45/20%	\$45	\$40	\$50	\$50
Chiropractic Care	limited coverage 20%**	\$20	Not Covered	\$20	Not Covered	\$0	\$0	\$0	\$20	\$20	\$20	\$20
Medically Necessary Foot Care	limited coverage 20%**	\$40	30%	\$50	30%	\$35	\$40	\$50	\$45	\$25	\$30	\$41
Routine Foot Care	NOT COVERED	\$40	30%	\$50	30%	NOT COVERED	NOT COVERED	NOT COVERED	\$45	\$25	\$30	\$41
P.T., O.T. and Speech Therapy	20%**	\$20	30%	\$40	30%	\$35	\$40	\$40	\$15	\$15	\$35	\$40

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	WellCare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
PREMIUMS	\$134	\$197		\$25		\$0	\$0	\$0	\$0	\$117	\$46	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
Inpatient Hospital	\$1,340 deductible	\$300/day days 1-5 \$0 days 5+	30%	\$595/day days 1-3, \$0 days 6+	30%	\$300/day days 1-5 \$0/day days 6-90	\$300/day days 1-5, \$0/day days 6-90	\$605/day days 1-3, \$0/day days 4-90	\$280/day days 1-7, \$0/day days 8-90	\$225/day days 1-7 \$1575 max OOP/yr	\$280/day days 1-7, \$1960 max OOP/yr	\$360/day days 1-5, \$1800 max OOP/yr
Inpatient Mental Health*	\$1,340 deductible	\$295/day days 1-5, \$0/day 6+	Not Covered	\$295/day days 1-3, \$0/day 6+	Not Covered	\$495/day days 1-4, \$0/day days 5-90	\$350/day days 1-4, \$0/day days 5-90	\$405/day days 1-4, \$0/day days 5-90	\$260/day days 1-6, \$0/day days 8-90	\$215/day days 1-6, \$1290 max OOP/yr	\$260/day days 1-6, \$1560 max OOP/yr	\$395/day days 1-4, \$1560 max OOP/yr
Skilled Nursing Facility	\$0/day for days 1-20, \$167.50/day for days 21-100	\$0/day days 1-20, \$167.50/day days 21-100	Not Covered	\$0/day days 1-20, \$167.50/day days 21-100	Not Covered	\$0/day days 1-20, \$167.50/day days 21-100	\$0/day days 1-20, \$167.50/day days 21-100	\$0/day days 1-20, \$167.50/day days 21- 100	\$0 days 1-20, \$167.50 days 21-100	\$0 days 1-20, \$167.50 days 21- 100	\$0 days 1-20, \$167.50 days 21-100	\$0/day days 1-20, \$167.50/day days 21- 100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	\$40	30%	\$30	Not Covered	\$35	\$40	\$45	\$15	\$15	\$15	\$15

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Essential	WellCare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
PREMIUMS	\$134	\$197		\$25		\$0	\$0	\$0	\$0	\$117	\$46	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0	\$190	\$190	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$10/\$40/ 50%/33%, 20%-Part B Drugs	Copays \$0/\$10/\$40/ 50%/33%+, 20%-Part B Drugs	Copays \$1/\$12/\$47/ 36%/25%; 20%-Part B drugs	Copays \$1/\$12/\$47/ 36%/25%; 20%- Part B drugs	No RX Benefit 20%- Part B Drugs	Copays \$0/\$15/\$47/48% /33% Part B Drugs=20%	Copays \$0/\$12/\$47/48% /33% Part B Drugs=20%	No RX Benefit 20%- Part B Drugs	Copays \$7/\$15/\$42/\$94/ 33%-Part B Drugs=20%	Copays \$7/\$15/\$47/\$100/33% \$180 deductible for Tiers 3-5, Part B Drugs=20%	Copays \$2/\$12/\$42/\$85/27% \$290 deductible for Tiers 3-5, Part B Drugs=20%
Vision services	20% + for 1 pair glasses,frames, or contact lens after cataract surgery, 20% + coverage for retinopathy exam 1/year for diabetics	\$40 Routine/Other Eye Exams, Plan Pays up to \$75/every 2 yrs for Routine Eyewear	30%	\$30 Routine/Other Eye Exams, Plan Pays up to \$100/every 2 yrs for Routine Eyewear	30%	\$0 Routine Eye Exam, \$35 Other Exams, Plan Pays up to \$100/yr for Routine Eyewear	\$0 Routine Eye Exam, \$40 Other Exams, Plan Pays up to \$200/yr for Routine Eyewear	\$0 Routine Eye Exam, \$45 Other Exams, Plan Pays up to \$100/yr for Routine Eyewear	\$45 Routine Eye Exam, \$45 Other Exams, Plan Pays up to \$100/yr for Routine Eyewear	\$25 routine exam, \$35 other, plan pays \$100/yr for eyewear	\$30 routine exam, \$50 others, \$100 /yr for eyewear	\$41 Routine Eye Exam, \$41 Other Exams, no eyewear coverage
Hearing Services	20%	\$50 Exam, \$499-\$799 copay for hearing aid	Not Covered	\$50 Exam, \$699-\$999 copay for hearing aid	Not Covered	\$0-Exam, \$35-diagnose/treatment, \$350/yr towards hearing aid	\$0-Exam, \$40-diagnose/treatment, \$350/yr towards hearing aid	\$0-Exam, \$50-diagnose/treatment, \$350/yr towards hearing aid	\$45-Exam, \$45-diagnose/treatment, \$699 or \$999/yr towards hearing aid	\$45 exam, \$25 treatment, \$699-\$999 towards hearing aid	\$30 exam,\$50 treatment, \$699-\$999 towards Hearing aid	\$45-Exam, \$41-diagnose/treatment, \$699 or \$999/yr towards hearing aid
Diabetic training and supplies	20%	Training \$0, Supplies 10%	30%	Training \$0, Supplies 10%	30%	Training \$0, Supplies \$0, Shoes/Inserts 20%	Training \$0, Supplies 20%, Shoes/Inserts 20%	Training \$0, Supplies 20%, Shoes/Inserts 20%	Trainiing \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0	Training \$0, Supplies \$0, Shoes/Inserts \$0
Dental Coverage	limited coverage	\$240 Annual Preventive Dental	Not Covered	Not Covered	Not Covered	\$0 Exam & Cleanings 2x/yr, Fluoride treatment 1x/yr, X-ray: once every 12-36 mos other up to \$500/yr	\$0 Exam & Cleanings 2x/yr, Fluoride treatment 1x/yr, X-ray: once every 12-36 mos other up to \$500/yr	\$0 Exam & Cleanings 2x/yr, Fluoride treatment 1x/yr, X-ray: once every 12-36 mos other up to \$500/yr	\$45 Limited *Optional Coverage Available	\$25 Limited *Optional Coverage Available	\$30 Limited *Optional Coverage Available	\$41-Limited *Optional Coverage Available
Max out of Pocket		\$6,700	None	\$6,700	None	\$6,700	\$5,000	\$5,000	\$6,700	\$6,700	\$6,700	\$6,700
Full LIS		\$159.20		\$1.10		NO RX	\$0	\$0	NO RX	\$78	\$7	\$0
Full LIS & Epic		\$136.40		\$1.10		NO RX	\$0	\$0	NO RX	\$78	\$7	\$0

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 635-4900			United Healthcare 870-6663
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete
PREMIUMS	\$134	\$0	\$65	\$118	\$0	\$0
		HMO	HMO	HMO	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0
PCP Visits	20%**	\$0	\$0	\$0	\$0	\$10
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$25	\$50	\$25	\$25	\$35
Outpatient Mental Health	20%	\$25	\$40	\$40	\$40	\$40
Outpatient Substance Abuse	20% **	\$25	20%	\$40	45%	\$40
Outpatient Surgery	20% **	\$250 Ambulatory 20% Hospital	\$300 Ambulatory \$400 Hospital	\$200 Ambulatory \$275 Hospital	\$100	\$345
Emergency Care	20% **	\$75	\$80	\$80	\$80	\$80
Urgent Care	20% **	\$30	\$65	\$60	\$65	\$30-\$40
Ambulance Services	20% **	\$200	\$225	\$200	\$150	\$250
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	25%	20%
Prosthetic Devices	20% **	20%	0-20%	20%	25%	20%
X Rays	20% **	\$0	\$50	\$25	\$25	\$10
Diagnostic Radiology	20%	20%	\$150	\$125	\$50	20%
Lab Services	\$0	\$0	\$15	\$0	\$5	\$2
Dialysis	20%	20%	20%	10%	10%	20%
Radiation Therapy	20%	20%	20%	20%	20%	20%
Chiropractic Care	limited coverage 20%**	\$20	\$20 limited	\$20 limited	\$20 limited	\$20
Medically Necessary Foot Care	limited coverage 20%**	\$25	\$50	\$25	\$25	\$35
Routine Foot Care	NOT COVERED	Not Covered	Not Covered	Not Covered	Not Covered	\$35
P.T., O.T. and Speech Therapy	20%**	\$25	\$25	\$15	\$10	\$35

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 635-4900			United Healthcare 870-6663
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete
PREMIUMS	\$134	\$0	\$65	\$118	\$0	\$0
		HMO	HMO	HMO-POS	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	\$1,340 deductible	\$250/day for days 1-7, \$0/day for days 8-91+	\$375/day for days 1-4, \$0/day for days 5-90	\$225/day for days 1-6, \$0/day for days 7-90	\$275/day for days 1-6, \$0/day for days 7-90	\$345/day for days 1-5 \$0/day for days 6+
Inpatient Mental Health*	\$1,340 deductible	\$250/day for days 1-6, \$0/day for days 7-91+	\$375/day for days 1-4; \$0/day for days 5-90	\$225/day for days 1-6, \$0/day for days 5-90	\$275/day for days 1-6, \$0/day for days 5-90	\$345/day for days 1-4 \$0 for days 5-90
Skilled Nursing Facility	\$0/day for days 1-20, \$167.50/day for days 21-100	\$0/day for days 1-20, \$150/day for days 21-100	\$0/day for days 1-20, \$167.50/day for days 21-100	\$0/day for days 1-20, \$167.50/day for days 21-100	\$20/day for days 1-20, \$167.50/day for days 21-100	\$0/day for days 1-20 \$160/day for days 21-62 \$0/day for days 63-100
Home Health Care	\$0	\$0	\$0	\$0	\$10	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0
Cardiac Rehab	20%	36 sessions=\$25	36 Sessions=\$20	36 Sessions=\$0	36 Sessions=\$0	\$20

2018 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Centers Plan for Healthy Living 1-877-940-9330	Independent Health 635-4900			United Healthcare 870-6663
Medical Service	Original Medicare	Centers Plan for Medicare Advantage Care	Encompass 65 Core	Encompass 65 Basic	Encompass 65 NO RX	AARP Medicare Complete
PREMIUMS	\$134	\$0	\$65	\$118	\$0	\$0
		HMO	HMO	HMO-POS	HMO	HMO
Deductible	\$183	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	20% Part B covered only; No Part D	Copays \$3/\$35/\$85/33%; Part B Drugs-20%	Copays \$0/\$20/\$47/50%/29%, \$150 deductible for Tiers 3-5, 20%-Part B drugs	Copays \$0/\$10/\$47/50%/33%, 20%-PartB drugs, No Deductible	No RX Benefit 20%-Part B drugs	\$3/\$12/\$47/\$100/26%, \$330 deductible for Tiers 3-5, 20% Part B Drugs
Vision services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20%+ for retinopathy exam 1/year for diabetics	\$25 Routine Eye Exam, \$100 Routine Eyewear/every 2 yrs.	\$0 Routine Eye Exam, \$100 Routine Eyewear	\$0 Routine Eye Exam, \$150 Routine Eyewear	\$0 Routine Eye Exam, \$250 Routine Eyewear	\$0 Routine Eye Exam/yr
Hearing Services	20%	\$25 Exam, plan pays up to \$800 every 3/yr for hearing aids	\$45 Exam, \$699 or \$999 per ear for hearing aid	\$45 Exam, \$699 or \$999 per ear for hearing aid	\$45 Exam, \$699 or \$999 per ear for hearing aid	\$10 Exam, \$330-\$380 per ear for hearing aid
Diabetic training and supplies	20%	\$0	Training \$0 Supplies: \$10/20%	Training \$0 Supplies: \$10/10%-20%	Training \$0 Supplies: \$10/25%	Training \$0; Supplies \$0/20%
Dental Coverage	limited coverage	Preventative=\$0; Comprehensive limited=\$0	\$20: 2 routine cleanings, exams & bitewing X-rays/per yr, 1 full mouth every 36 mos.	\$20: 2 routine cleanings, exams & bitewing X-rays/per yr, 1 full mouth every 36 mos.	\$20: 2 routine cleanings, exams & bitewing X-rays/per yr, 1 full mouth every 36 mos.	Not covered; Optional Coverage Available
Max out of Pocket		\$6,700	\$6,700	\$6,700	\$3,400	\$6,700
Full LIS		\$0	\$26	\$79	No RX	\$0
Full LIS & EPIC		\$0	\$0	\$40	No RX	\$0